

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 127
Registered No. 18

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____
City Miami No. Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Terresa Flores

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Jan 7-1929
Month Day Year

8. FATHER
Full name Aurelio M. Flores
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Guanajuato Mex.
(State or country)

13. Occupation
Nature of industry Carpenter

14. MOTHER
Full maiden name Rosa Johnson
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Tularosa New Mex.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 p. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Brown, D.O. Physician (Physician or midwife).

Given name added from a supplemental report. Address Miami, Arizona

Month, day, year 31-2-104-915 Filed Jan 20, 1929 Registrar De. G. Dorn